



June 26, 2020

The Honorable Lamar Alexander
Chairman, Senate Health, Education, Labor and Pensions Committee
428 Senate Dirksen Office Building
Washington, DC 20510

RE: Preparing for the Next Pandemic

Dear Chairman Alexander:

On behalf of Nemours Children's Health System, thank you for the opportunity to submit suggestions as you work to draft legislation to better equip our federal government to respond effectively and efficiently to emerging public health threats and future pandemics. Nemours commends your leadership in ensuring that the nation learns from the experience of the COVID-19 pandemic and implements appropriate and necessary policy changes to better prepare us for the future. In addition, thank you for your role in advancing multiple relief packages, including the CARES Act (P.L. 116-136), which has helped to mitigate the many impacts of the COVID-19 pandemic.

Nemours is an internationally recognized children's health system that owns and operates the Nemours/Alfred I. duPont Hospital for Children in Wilmington, Del., and Nemours Children's Hospital in Orlando, Fla., along with outpatient facilities in five states, delivering pediatric primary, specialty, and urgent care to children from all 50 states. Established as The Nemours Foundation through the legacy and philanthropy of Alfred I. duPont, Nemours provides pediatric clinical care, research, education, advocacy, and prevention programs to families in the communities we serve.

Pediatric providers, along with many other community partners, continue to play an important role in response to the COVID-19 pandemic. Though the health impact of COVID-19 is relatively modest among children, the financial impact on children's hospitals has been significant. Children's hospitals followed the same regulations and recommendations as our adult peer institutions that paused all non-emergent procedures during the shelter-in-place orders to protect our staff, patients, families, and communities. We have similarly adapted our facilities to assist with surge capacity to support our adult hospital partners. At Nemours Children's Health System (Nemours), our Enterprise-wide response to COVID-19 has prioritized safety, accessibility of care through telehealth, and supporting our workforce and clinicians. The protocols we have instituted have enabled us to provide safe, high-quality care for our patients while following all CDC guidelines.

Through our collective experiences across our health system, we offer our insights and general observations, as well as concrete recommendations below. In summary, we urge the Committee to:

- 1. Consider the unique impact of pandemics on children and ensure that future pandemic response prioritizes research, interventions and metrics tailored to the**

needs of pediatric patients, providers and the environments in which children live, learn, and play.

2. **Improve and provide better guidance around the stockpiling and procurement of personal protective equipment (PPE), testing kits, and other supplies, and align hospital preparedness regulations with these processes.**
3. **Support the Medicaid program and Medicaid providers by providing additional funding to Medicaid programs to effectively serve patient families during times of increased and critical need, and ensuring proportional relief funding to children's hospitals.**
4. **Make permanent many of the expanded telehealth policies and ensure that broadband technology reaches communities of all types, whether rural or urban underserved.**
5. **Infuse all policies with a health equity lens to ensure that disparities in access, outcomes, mortality, and community spread are recognized and addressed, not exacerbated.**

RECOMMENDATIONS FOR CONGRESS

Consider and Include Children as a Critical Demographic

Though COVID-19 has so far appeared to more greatly impact the adult population, historically children have been far more vulnerable to emerging pathogens and pandemics. Examples include various forms of influenza and virtually all of the illnesses for which children in the U.S. currently receive vaccinations. A broad outbreak of these or similar conditions could disproportionately affect children. Not only do children typically experience greater disease impact, the environments in which they learn and play often increase exposure to pathogens, making children more likely vectors of disease.

While questions remain about COVID-19 specifically, pandemic disease transmission is fairly straightforward. Most often, pandemics that cause significant mortality and spread will involve pathogens that attack the respiratory system. Because children congregate in large numbers at school, and/or are in close contact in child care, pandemic respiratory illness typically spreads more rapidly among them, although COVID-19 appears to be an exception. In addition, children are typically exposed to other families (through other children), and are therefore at higher risk of contracting disease.

As a result, future pandemic preparedness and response policies should:

1. **Increase focus on epidemiology among children as vectors of disease, and consider implementing contact tracing in places where children spend the most time: schools and child care.**
2. **Carefully consider the most effective ways to mitigate community spread by developing effective policies for schools and child care centers, while working to address the challenges children and families face when schools and child care centers are closed.**
3. **Develop research programs to explore the impact of alternative education modalities (distance/virtual learning) and school calendars (year-round school, more frequent school calendar breaks of at least 2 weeks duration throughout the year,**

split student bodies with alternating attendance/break calendars) on current seasonal outbreaks and educational achievement.

4. **Develop research programs to explore the efficacy and efficiency of child care providers assisting in the dissemination and understanding of information from health authorities to assist with enhancing parents' knowledge, uptake, and best practice implementation as it relates to outbreaks.**
5. **Ensure that the National Institutes of Health (NIH) prioritizes research focused on the impact of the novel coronavirus and other future pandemics on children and adolescents.**

Better Coordinate Procurement of Personal Protective Equipment (PPE), Testing and Supplies

As has been widely reported, procuring adequate supplies of PPE, testing materials and other critical items such as disinfectant wipes has been very challenging for hospitals across the country. Our hospitals are no exception. We have been challenged to identify the various types of PPE needed, gain access to those items, and find ways to share inventory with other hospitals in our area rather than competing to obtain critical supplies needed to keep our providers and patients safe.

Our hospitals, located in two different states, have had widely variable experiences with state stockpiles; one of our states has no stockpile at all, meaning we have no backup supply chain. We have faced critical shortages on items such as rapid tests, swabs and viral transport media. As hospitals begin to reopen and provide a broader array of care (e.g. elective procedures), these shortages will be amplified.

The Committee expressed interest in understanding whether hospitals could play a role in stockpiling supplies. While we already work to keep enough PPE and other materials on-hand to satisfy hospital preparedness plan requirements, further stockpiling would involve maintaining a large volume of stock that may not be used and will eventually expire. This is not a financially tenable prospect, nor do our hospitals have the physical space to accommodate a large stockpile. We believe that maintaining an adequate stockpile should primarily be a joint federal-state responsibility. However, we do recognize that hospitals have a role to play. One partial solution would be to explore how to safely increase the number and utilization of reusable items that hospitals could stockpile.

Another challenge we have faced is that restrictions and regulations put on providers prior to and during the COVID-19 pandemic did not always align with national goals to reopen for elective procedures and routine care. For example, our hospitals rely on memorandums of understanding (MOUs) with third party vendors to ensure we have expedited access to supplies when needed, but the lack of stockpiles at the state and national level resulted in an inability for our vendors to abide by our MOUs. In another case, we were able to secure a shipment of critical supplies only to be notified that it was confiscated by the Federal Emergency Managed Agency (FEMA). Further, one of our states enacted an Executive Order disallowing hospitals from requesting PPE supplies from state or local governments in order to reopen for elective care, despite calls to resume care delivery.

These are system design flaws that should be corrected through policymaking. **We recommend:**

1. **Enhancing communication and coordination among federal agencies, state and local governments, third party vendors, hospitals and other providers, and the public regarding activities around stockpiling and testing.**
2. **Providing clear and ongoing guidance with regard to the status of the Strategic National Stockpile and how to access supplies.**
3. **Harmonizing federal and state regulations and guidance to be mutually supportive and better aligned.**
4. **Developing federal standards and guidance around reusable PPE and supplies.**

With regard to testing, there is also continued confusion around testing personnel, test acquisition and testing accuracy (specifically related to COVID-19) which must be resolved. However, more generally, we point out that while testing will follow the same methodology in virtually all pandemics/pathogens, commercial vendors develop patentable devices and ancillaries that can preclude interoperability and limit healthcare providers ability to ensure capacity by developing redundant sourcing options. **We recommend:**

1. **Accumulation/stockpiling of testing infrastructure for Polymerase Chain Reaction (PCR)¹ testing, including basic materials like swabs, transport media and containers, and cartridges that house pathogen-specific primers.**
2. **The development of a National Institute of Standards and Technology (NIST) standard for testing cartridges to ensure interoperability across vendors that produce cartridges and pathogen-specific primers.**

Support Medicaid and Medicaid Providers

In times of great need such as public health and/or economic crisis, Medicaid programs experience an increase in enrollment. Medicaid's current structure as an entitlement program helps to protect states from significant shortfalls and guarantees support from the federal government when such events and subsequent budget impacts occur. However, with acute crises such as a pandemic coupled with severe economic impacts, additional support is necessary. Further, while most providers took the same preventive and protective measures to slow the spread of COVID-19, not all providers received proportional relief from HHS. To ensure that states can absorb and support a significant increase in enrollment and utilization and that Medicaid providers can weather future pandemics, **we recommend working with the Finance Committee to:**

1. **Increase the Federal Medical Assistance Percentage (FMAP) by at least twelve percent during the course of a pandemic or national public health emergency.**
2. **Ensure that children's hospitals and other pediatric providers receive proportional relief in future pandemics when major revenue impacts are seen across the health care system.**

Support Access to Telehealth

During pandemics such as COVID-19, community spread is mitigated in part by relying on social distancing. We have found during the current pandemic that these are optimal opportunities to promote the use of telehealth as an effective modality of care. Congress has already reduced barriers to delivering care via telehealth through the Medicare program in the

¹ Polymerase Chain Reaction testing is a molecular technique based upon rapid and highly accurate identification of DNA as a tool identifying a pathogen.

CARES Act, and states, with the help of HHS, have issued temporary waivers to relax existing policy barriers to telehealth. These temporary policies and waivers reflect long sought changes and have demonstrated what is possible when the potential of telehealth is unleashed. At the same time, more work needs to be done in this area to further expand access to telehealth and ensure that providers and patients have the information, coverage, reimbursement and broadband access necessary to seamlessly transition between in-person and telehealth care.

To support patients and providers in the use of telehealth, **we recommend working with the Finance Committee to:**

- 1. Make permanent many of the temporary policies and waivers that allowed patients to access telehealth during the COVID-19 pandemic. Examples include:**
 - a. Expanding the places where telemedicine can be provided;**
 - b. Expanding the providers who can provide telemedicine services.**
- 2. Work with CMS to encourage states to develop regional licensure reciprocity agreements so that patients have access to their providers and specialists during non-emergency times. State licensure compacts, while promising tools for expanding a provider's ability to practice across jurisdictions, do not achieve licensure reciprocity.**
- 3. Require coverage and payment parity with contracted, in-person services for Medicaid programs and Medicaid managed care plans during the course of a pandemic or public health emergency.**
- 4. Include an FMAP increase during the course of a pandemic or public health emergency for telehealth services to state Medicaid programs that cover and reimburse telehealth services to the same extent as they are required to be covered by Medicare.**
- 5. Enhance federal investment in broadband infrastructure and deployment in rural, urban and suburban communities with a concentration on underserved areas and communities of concentrated poverty.**

The Importance of Transitioning to Value-based Care

Many providers are struggling financially because of the pandemic. As patients delay and cancel non-urgent visits, the Fee-for-Service model creates significant revenue shortfalls. The financial pressures faced by healthcare providers may create new opportunities to advance holistic care for children.

Integrated, value-based payment (VBP) and delivery models designed to address the comprehensive physical, behavioral, developmental and social needs of children offer great promise in promoting a healthy population and are a critical component of transforming healthcare to address the social drivers of health. VBP models also provide greater flexibility in health care delivery to most appropriately meet the needs of patients and families using multiple modalities and interventions.

Congress should:

- 1. Promote and incentivize VBP payment and delivery models across all payers and providers, including Medicaid, Medicaid managed care and commercial plans. This**

should include authorizing CMS planning grants to states and providers to support capacity-building and the design of holistic value-based pediatric models.

Infuse All Policies with a Healthy Equity Lens

Early data on the impact of COVID-19 demonstrates that disease spread and impact disproportionately affect communities of color and those with low socio-economic status (SES). Despite higher infection rates, communities of color are typically more difficult to surveil because of mistrust and varying levels of language and health literacy.²

In many ways, the COVID-19 response has not adequately addressed the needs of all populations, particularly those most at risk for COVID-19. For example, in our experience, informational materials distributed by the government were not written at a literacy level that was effective at reaching patients across the literacy spectrum. In addition, one of our counties is home to many meat processing plants, which rely on workers who have no ability to perform their jobs at home and who generally have no paid leave. They work long hours in close quarters, resulting in the highest incidence of positive COVID-19 cases by county, though it is the smallest county in our state.

To mitigate pandemic disease spread, we must address longstanding inequities that contribute to poor health, especially among communities of color and those with low SES. Literature and studies abound on systemic racism, racial disparities and the impact of persistent poverty. We need policies that support social justice, equality, cultural and ethnic diversity and inclusion, and address the social determinants of health. Pandemics such as COVID-19 only exacerbate existing inequities and threaten the health of all communities. Social determinants of health such as housing accessibility, food security, child abuse, and educational attainment are well-documented factors that overwhelmingly impact the lifelong health trajectory of children, who may grow up to become unhealthy adults unless they are appropriately supported.^{3,4} During the COVID-19 crisis alone, many of our nation's most vulnerable patient families have experienced more food insecurity due to school and child care closures, housing instability due to loss of employment or other factors, and increases in child abuse with less ability to safely disclose.^{5,6,7}

² Artiga, S., Garfield, R., & Orgera, K., (2020, April 07). *Communities of color at higher risk for health and economic challenges due to COVID-19*. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>

³ Harvard Center on the Developing Child. 2010. *The foundations of lifelong health are built in early childhood*. <http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>.

⁴ American Academy of Pediatrics Policy Statement. 2012. Early childhood adversity, toxic stress, and the role of the pediatrician: Translating developmental science into lifelong health. *Pediatrics* 129(1), <http://pediatrics.aappublications.org/content/129/1/e224?sid=339e9397-1430-4565-8cf5-a145112d98ec>.

⁵ Dunn, C. G., Kenney, E., Fleischhacker, S. E., & Bleich, S. N. (2020). Feeding Low-Income Children during the Covid-19 Pandemic. *New England Journal of Medicine*, 382(18), e40. doi:10.1056/NEJMp2005638

⁶ Whitener, K. (2020, May 29). *COVID-19 and child welfare* [Blog Post]. Georgetown Center for Children and Families. <https://ccf.georgetown.edu/2020/05/29/covid-19-and-child-welfare/>

⁷ Castro, A. (2020, June 21). Here's a look at how central Florida counties are using CARES Act funds. *WKMG ClickOrlando*. <https://www.clickorlando.com/news/local/2020/06/21/heres-a-look-at-how-central-florida-counties-are-using-cares-act-funds/>

For COVID-19 and future pandemics, we recommend:

1. **Infusing equity as a critical element of every health policy. This includes requirements around the development of health disparities reduction metrics, targeted allocation of resources to promote health equity, and focusing research on health equity, as described below.**
2. **Developing a pandemic response plan that focuses research and resources on underserved and/or high-risk communities that are at the highest risk of disease spread and disproportionately worse outcomes, and deploying interventions early.**
3. **Ensuring that disease surveillance and resource allocation are targeted to hot-spots, using data such as race, ethnicity and zip code.**
4. **Investing more deeply in safety net programs (e.g. Supplemental Nutrition Assistance Program, Special Supplemental Nutrition Program for Women Infants and Children, Child and Adult Care Food Program, Housing Voucher Program, Low Income Home Energy Assistance Program) especially in times of high need, that provide food, housing assistance, and other critical supports.**
5. **Developing a pandemic response plan that mitigates the impact of school closures, child care closures and other child-centric services so that children and families do not lose access to critical supports (e.g. school meals).**
6. **Providing states and providers with resources to assist in transitioning to payment and delivery models that address the social determinants of health, especially in childhood, and explicitly include metrics related to health equity.**

CONCLUSION

Nemours stands ready to leverage our expertise and relevant experiences to assist the Committee as you work to develop legislation to better prepare our nation for future pandemics. We look forward to continued collaboration, and thank you for your consideration of our recommendations. Please do not hesitate to reach out to me at Daniella.Gratala@nemours.org or to Katie Boyer at Katie.boyer@nemours.org with questions or for additional information.

Sincerely,



Daniella Gratala, MA
Director, Office of Child Health Policy & Advocacy
Nemours Children's Health System